Developments

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Insights From the Conference, PAC 2005

PAC 2005
Professional Addictions Conference

Listening, that most basic of addiction counsellor skills, is what I imagined myself doing when I signed up for AADAC's Professional Addictions Conference with its broad moniker, Insight Into Addiction. The organizers of PAC 2005 (as it was more popularly known) brought to Edmonton in early June a passionate group of presenters, ready to impart wisdom to 625 pairs of keenly attentive ears. As plenary speaker Dr. Paul Roman pointed out, the addictions field is not one that people join casually: there is, for most people, at least some altruism in the decision to pursue this work.

Imparting wisdom, as contributor Jenine Safioles notes below, is just one of the functions of a conference. Opportunities for people to meet, catch up, create networks and reinforce community feeling were prominent in the PAC schedule. Important questions were asked, as Sean Townsend highlights in his article, about what we do not know and the challenges we face because this field is ever-changing. In the smaller sessions that I attended, learning went both ways, and I felt a renewed respect for the depth of thought and breadth of learning of addictions workers, whether they were counsellors, researchers, prevention workers, administrative staff, or information disseminators. And numerous poster presentations allowed close-up, focused learning and interaction.

Organizers achieved a good balance that allowed for different types of learning; the exchange of fact, opinion and dissenting opinion; and that all-important building of connections that allows us to exert our combined strength in a common cause, decreasing the suffering caused by compulsive behaviours and addictive substances.

In this issue of *Developments*, three AADAC conference delegates give readers just a taste of the vast array of information, insight, and inquiry that were available at PAC 2005. For those who would like to see more of the conference content (amounting to 63 sessions and more than 30 poster presentations), outlines or full content of many of the presentations are available on AADAC's website.

- Deirdre Ah Shene, Editor

Substance abuse and work: Culpability and caring

By Jenine Safioles, AADAC Project Coordinator

Being at PAC was many things to me as an AADAC employee: an opportunity to learn, a

chance to see colleagues and friends, and a break from the daily routine. PAC was also an opportunity for AADAC to nurture its employees. The responsibility of organizations to care for their employees was also a major theme in Dr. Paul Roman's keynote address at the conference, titled Opportunities and Challenges for Addressing Substance Abuse and Addiction in the Workplace.

Corporations commonly accept responsibility for harm their industry may cause to the environment and to the community. Roman challenges us to think more broadly and consider an organization's responsibility to care for its employees in the area of substance abuse and addiction. Substance abuse, he says, can represent workers' attempts to adapt to the demands of work and employers therefore have a social responsibility towards employees. Alcohol abuse, in particular, is associated with work stress.

He also reminds us that alcohol and other drug issues do not compete well with other health issues in the workplace, so advocacy is needed to develop programs that address substance abuse.

The first steps in developing a workplace substance abuse prevention and intervention program are to obtain the funding and training to develop the structure of the program.

Roman emphasizes the value of primary prevention. "We should all pay homage," he says, "at the temple of primary prevention. That is how we minimize accidents and violence."

Prevention cannot be 100% successful: dealing with casualties is also necessary. Roman describes employee assistance programs as the established model for secondary prevention, that is, addressing developing alcohol or other drug dependence.

Workplaces can offer substantial opportunities for intervening when there may be a problem with substance abuse. But employee assistance programs and workplace substance use policies, including drug testing, vary greatly. There is confusion about when use of alcohol and other drugs should lead to discipline and when it should lead to constructive assistance. And confusion about drug testing and what the results really mean. A positive drug test does not mean addiction; at the same time, drug testing may lead to false confidence that an addiction is being dealt with. And Roman reminds us that while drug testing may be a measure of illegal behaviour, it is not necessarily a measure of job competence or performance.

What is missing, Roman says, is supervisory consultation and training. For example, employee assistance program (EAP) utilization is directly affected by educating supervisors and the workforce about the program and what it can offer.

Corporate responsibilities include clear and well-communicated workplace policies and procedures. They need to be in place for several reasons: to let employees know that there is an expectation that they be fit for work, to support workplace leaders and peers in prevention and intervention efforts, to offer help to those who may need it, and to meet corporate responsibilities, including minimizing safety risks.

Roman's comments had me thinking about how far an organization's responsibility to its employees goes. It's true that substance abuse isn't just a problem that comes to work with someone; nor is it a problem that should just be sent somewhere else. Employees who work in a place where there is an employee assistance program may consider this an extra benefit.

But is it a benefit, or an employer responsibility? When employees abuse substances as a way to cope with work, what is the culpability of the employer?

Roman's ideas are interesting because substance abuse problems are usually framed as individual problems. In treatment, we teach people the skills they need to cope with problems; unhealthy ways of coping and the responsibility for choosing them are parked squarely with the person. Though we recognize that the environment plays some part in addiction, we usually think of "environment" in more general terms, in the sense of social environment, including factors like cultural norms, legal sanctions, and availability of the substance or activity of abuse. It's a different interpretation to think of substance abuse as being grounded in a specific defined environment such as a workplace. If Roman is right, then advocacy for workplace programs should not even be required: if it is the workplace that creates or contributes to the problem, it is the duty of the ethical organization to prevent substance abuse and care for employees who suffer from problems related to substance abuse.

Problem gambling treatment across cultures

By Deirdre Ah Shene, AADAC Writer-Editor

Culturally Appropriate Treatment for Problem Gamblers was a small session that offered a marked contrast to the lecture style of the plenary sessions at PAC 2005. Janine Robinson of Toronto's Centre for Addiction and Mental Health approached her audience as a colleague speaking with peers: she remained open to learning from audience members, allowed audience comments to affect the flow of the session, and gave abundant opportunity for audience members to learn from one another. The style of the presentation seemed to exemplify Robinson's main point: flexibility, strong listening skills, openness to the ideas of others, and willingness to re-examine our presuppositions are essential in cross-cultural treatment.

Robinson's addictions training probably did not differ much from that of many conference delegates, but her work and life history gave her a special sensitivity that led her to question some aspects of that training.

She spent the first 15 years of her career working in community development in Toronto, a city with perhaps the most multi-ethnic population in the world. After taking training in problem gambling treatment, Robinson became a problem gambling counsellor. She noticed that many of the clients with whom she had the least success were from minority cultures. She re-examined what she had been taught, and the personal values that she brought to the treatment encounter. She realized that the Protestant working-class individualistic views that she had been raised with would not help with cultures that are based on extended family systems, a group that includes many if not most of the indigenous and new immigrant cultures in Canada.

Robinson presented a case study to illustrate this point. A client of Chinese origin sought help after losing her job because of her excessive gambling. The client had immigrated to Canada as a child. Her parents made financial sacrifices to send her to university, and felt rewarded when she excelled and landed a good job. She was now in serious financial trouble, had told no one in her community about her gambling problem or her job loss, and was avoiding contact with her family for fear of discovery.

Robinson's training told her to let problem gamblers suffer the harsh consequences of their addiction ("hit bottom" in 12-step terminology) and let them make the decision to change on their own. This, said Robinson, is the thinking of an individualistic culture. Her work with the Chinese community told her that the woman in front of her was at risk of suicide. She had let the family down.

As a member of the audience put it, in a culture that is based on the extended family, "People don't just say, 'So-and-so has a gambling problem.' They say, 'See that family? Their son has a gambling problem.'"

In the client's community, gambling was an accepted activity, and inability to control it might not be viewed with compassion. Robinson realized that it was vital to her client to resume contact with the community. A realistic goal for this client would be to inform one helpful and compassionate member of the community, who might provide financial assistance and might also be able to break the news in the community in a way that would encourage a sympathetic response.

Counsellors must also be aware of culturally based habits, particularly communication style. The majority of Canadians, for example, avert their eyes when talking and look into the talker's eyes when listening. For some African North Americans, the opposite is true. Of course, a particular person may have learned a mainstream communication style, so generalizations are only useful in a diagnostic sense. In other words, a counsellor who is failing to communicate with someone from another culture, might ask her or himself, "Am I using the wrong type of eye contact? Am I talking too much?" (Aboriginal Canadians, for example, may be uncomfortable with the rate and amount of talking that is natural to white Canadians. A counsellor may need to allow silence into the conversation, even if the silence feels uncomfortable to the counsellor.)

Robinson warns counsellors to be careful about the way they use concepts. For example, to some clients even the idea of problem gambling may be alien, an idea that translates neither linguistically nor conceptually. "Talk about behaviour and impact in the same way that the client describes it to you," says Robinson.

The session was too short for in-depth instruction on culturally appropriate treatment, but Robinson did touch on several areas that are important to learning about another culture. Cultures differ according to the gender roles assigned, power balances, and sources of status and of shame. In Chinese culture, for example, age and academic qualifications are respected. "If I were setting up a program tailored to traditional Chinese culture, I might hire middle-aged and older male counsellors, and ensure that their academic certificates are on the wall. For First Nations people, I would hire more women, and there would be no certificates on the wall," says Robinson.

Find out who is powerful in a given community, she says. And remember that you might have an advantage as an outsider: people sometimes will not go to a counsellor who has the same ethnic background because they expect to be judged or they think that their secrets will be revealed to their own community.

It is easy to assume that the task of learning to work across cultures applies only to those from the dominant culture, who must learn not to make racist assumptions about minority groups. However, Robinson says that people from minority groups who counsel people belonging to

the majority group, and people from one minority group who counsel those from a different minority, also find her workshop helpful. In a broad sense, similar questions arise no matter who is providing treatment for whom.

On one hand, a counsellor trying to deliver appropriate treatment to someone from a different culture has to acquire general information about that culture. On the other hand, any given generalization might not apply to a specific community, and especially may not apply to the person sitting in front of you.

For example, problem gambling training may describe gambling as an activity with strong historical roots in First Nations culture. This is often true, and some First Nations people who quit gambling will lose their main social contact with their extended families. But other bands, as an audience member pointed out, do not have a history of gambling, and some reserves have adopted a prohibitionist approach to both gambling and alcohol.

The underlying message is simple and oft-repeated: listen to your client. What Robinson's presentation offered was new insights into ways that counsellors might *not* be listening to their clients, even when they think they are.

Internet addiction: Knowing that we don't know

By Sean Townsend, AADAC Writer-Editor

Listening to the experts and looking at the information on display at PAC 2005, it was easy to be impressed by how much we know about addictions. We know that addiction is not a simple issue; it involves a wide array of biological, psychological and social factors. We've also moved beyond thinking about addictions strictly in terms of substance use; activities like gambling, shopping, sex and work are now being recognized as potentially problematic for some people. And we know a lot about how and why people change their behaviour, and about how we can help them live healthy lives.

But sometimes, it's good to be reminded that we don't know it all. Which is why Paul Burke's session on Internet addiction, The Net Effect at Work, was such a refreshing jolt of uncertainty.

Before starting his own consulting company in 2003, Burke spent more than two decades as a counsellor, trainer and counselling supervisor with AADAC. With extensive experience in the area of problem gambling, Burke was well suited to speak about the relatively new and much-debated phenomenon of Internet addiction.

At least, that's what Burke thought. As he candidly admitted during his session, the more he read about Internet addiction, the more he found himself in ill-defined territory with little solid research to guide him. It seems as though nobody can agree on the nature of Internet addiction. Is Internet use itself addictive? Is it merely a medium for other potentially compulsive behaviour like gambling, watching pornography, or playing games? Or is excessive Internet use a symptom of an underlying mental health disorder? Should we call it "pathological" Internet use?

Researchers can't even agree on whether there is such a thing as Internet addiction. Dr. Ivan K. Goldberg, the psychiatrist who first identified "Internet Addiction Disorder" in 1995, later

revealed his diagnostic criteria to be a hoax. On the other hand, clinical psychologists like Kimberly S. Young and David Greenfield take Internet addiction very seriously. Based on her own surveys of Internet users, Young founded the Center for Online Addiction in 1995, and has since published two books. Greenfield is founder of the Center for Internet Studies and author of his own Internet addiction book.

Those who resist calling excessive Internet use an "addiction" cite a lack of controlled studies to back up the largely anecdotal evidence used by people like Young and Greenfield. And, so far, the American Psychiatric Association has agreed with them. Unlike pathological gambling and substance dependence, pathological Internet use is not currently recognized as a diagnosable disorder in the association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR).

There are repercussions inherent in formal recognition of Internet addiction. For example, in the workplace, professionals in human resources and employee assistance will have to clarify office policies on acceptable Internet use, but how? What is an employer to do with an employee who claims to have an Internet addiction, when that person's job requires Internet access?

Of course, addictions counsellors and other practitioners will also have questions to deal with. How will our existing knowledge and best practices translate to Internet addiction? Will new training and intervention methods be needed? Even something as simple as referring someone to an information website could have harmful consequences.

We simply do not have the experience to anticipate the consequences of acknowledging excessive Internet use as a behavioural addiction.

In a field like addictions, where so much of what we do is based on knowledge and evidence (and where so much of what we know is constantly changing and evolving), it can be frustrating to realize that there are things we don't know. How are we supposed to help people if we don't fully understand their problems? If we let it, knowing that we don't know everything about addictions can paralyze us. But we should remember that it also empowers us. It gives us the desire to learn more, the humility to respect the knowledge our clients bring with them, and the courage to do the best we can with the knowledge we have.

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